

JCS 1

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|------------|
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 11 2-15-01 |
| FORMALITY REVIEW | R1 | 101G | 05-15-01 |
| RESPONSE FORMALITY REVIEW | (J1) | 825 | 7/18/01 |

INDEX OF CLAIMS

| | | | |
|------------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral)... | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
|----------|------|
| Final | 2/6 |
| Original | 2/2 |
| 1 1 | ✓ = |
| 2 2 | ✓ = |
| 3 3 | ✓ = |
| 21 4 | ✓ = |
| 1 5 | ✓ = |
| 7 6 | ✓ = |
| 8 7 | ✓ = |
| 22 8 | ✓ = |
| 11 9 | ✓ = |
| 11 10 | ✓ = |
| 13 11 | ✓ = |
| 23 12 | ✓ = |
| 16 13 | ✓ = |
| 17 14 | ✓ = |
| 18 15 | ✓ = |
| 24 16 | ✓ = |
| 14 17 | ✓ = |
| 9 18 | ✓ = |
| 14 19 | ✓ = |
| 19 20 | ✓ = |
| 5 21 | ✓ = |
| 10 22 | ✓ = |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)